

focus

Women's health

Masters degree an Australian first



Celebrating IBCLC Day on 2 March - participants attending the Murdoch University's lactation short course who are all planning to either sit the IBLCE for the first time or are recertifying.

From back left: Christine Lock, Christine Amponsah, Debbie Willmott-Tyler, Karen Crook, Bess Hawtin, Sara Lohmeyer

From front left: Sally Mulhern, Jo Robbins, Fiona Smith

BY DR CATHY FETHERSTON

Murdoch University in Western Australia is offering a Masters of Midwifery, for midwives and child health nurses who wish to specialise in providing care to breastfeeding mothers and their babies. This is the first Masters degree of its kind in Australia and is due to begin in second semester 2011. It is currently available internally with a view to providing an online study option in 2012.

Breastfeeding is recognised as an important public health issue for women and their babies. Consequently, both the NHMRC and the WHO recommend that all babies be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years and beyond in conjunction with complementary foods. However a significant number of women experience difficulties with lactation and breastfeeding. International Board Certified Lactation Consultants (IBCLC) are assessed by the International Board of Lactation Consultants Examiners (IBLCE) as having the necessary skills and knowledge to assist women to breastfeed successfully. There are many local professional programs designed to prepare candidates to sit the IBLCE however there are very few lactation specific academic programs operating worldwide.

The specialisation component of the Masters program is structured according to the disciplines and chronological periods contained in the IBLCE blueprint. Students undertaking both specialist lactation units over two semesters will receive 96 continuing education recognition points (CERPs) from the IBLCE. This meets the requirements for the lactation specific education needed to apply for eligibility to sit the exam for the qualification of IBCLC. The specialist units are also complemented by elective internship units for those students who also need to further their clinical experience prior to sitting the IBLCE.

Recognising that not all midwives and nurses who are interested in the area of breastfeeding and lactation wish to study at postgraduate level, Murdoch University has made the specialist units available as short courses. This enables students who wish to either prepare for the IBLCE, or further their education in this area, to accrue CERPs and MidPLUS education points without completing an academic program.

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Dual roles and conflict – nurses as mothers of critically ill neonates

KATRINA LANE-KREBS

Presenting as an emergency admission to a hospital with a critically ill neonate is a mother's worst nightmare. When the mother is also a nurse, this situation can lead to role conflict, overwhelming grief and a sense of failure on both personal and professional levels. This important issue was the focus of a Masters research project undertaken by Katrina Lane-Krebs.

Mothers are supposed to nurture, protect and nourish new life. Following the birth of a child a mother is still recovering both physically and emotionally when she is discharged from hospital with an apparently healthy child. When the child unexpectedly becomes critically ill and dies, the impact is devastating. The journey through this turmoil depends largely on the coping mechanisms of the individual. The coping skills nurses develop when working within paediatric and neonatal intensive care units take place within the context of professional boundaries, tempered by degrees of emotional distancing. A mother is unable to escape the

emotional attachment associated with *her* child and she experiences vicarious trauma. Mothers who are nurses, often deal silently with a double dose of guilt when their child becomes critically ill, feeling they have not only 'failed' as a mother but also as a nurse.

As a mother, perhaps they did not observe signs and symptoms which they acknowledge in hindsight. Too often this "ought to have known" perception results in a reduction of self-worth and self-esteem with professional collateral damage occurring simultaneously.

When a nurse employed by a hospital finds herself a consumer in the same hospital, environmental conflict is likely. In this environment the 'professional' status of the nurse cannot be maintained and should not be expected. At this time the mother/nurse has also become the client. The psychosocial needs of the mother should become a nursing priority. The mother's emotional needs must be met through the development of a therapeutic relationship.

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